PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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UTILITY PATENT APPLICATION

Attorney Docket No.		KSM-0222						
First Inventor		Mitsuo Satake						
Title	BIOABSORBABLE VASOOCCLUSIVE COIL							
Express Mail Label No.								

TRANSMITTAL	Title	BIOABSORBABLE VASOOCCLUSIVE COIL					
(Only for new nonprovisional applications under 37 CFR 1.53(b))	new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No.						
	Expres	is Iviali Label Ivo.	<u> </u>				
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application con	MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
1. X Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. X Applicant claims small entity status. See 37 CFR 1.27. 3. X Specification [Total Pages 15] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. X Drawing(s) (35 U.S.C. 113) [Total Sheets 2] 5. Oath or Declaration [Total Sheets 2] 5. Oath or Declaration [Total Sheets 3] X Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76	Alexandria, VA 22313-1450 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. X Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement (when there is an assignee) Attorney 11. English Translation Document (if applicable) 12. X Information Disclosure X Copies of IDS Statement (IDS)/PTO-1449 X Citations 13. Preliminary Amendment 14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.						
specification following the title, or in an Application Data Sheet of Continuation Divisional Continuation			cation No.	.:			
Prior application information: Examiner			Art Unit				
For CONTINUATION OR DIVISIONAL APPS only: The entire under Box 5b, is considered a part of the disclosure of the accoreference. The incorporation can only be relied upon when a po	mpanyin ortion has	continuation or di- been inadvertently	visional a omitted f	pplication	and i	s hereby incorporated by	
19. COR	KESPO	NDENCE ADDR	<u> </u>				
x Customer Number: 23353	X Customer Number: 23353			Correspondence address below			
RADER, FISHMAN & GRAUER David T. Nikaido	PLLC						
Address 1233 20th Street, N.W. Suite 501							
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1	ephone					(202) 955-3751	
Name (Print/Type) David T. Nikaido		Registration No. (Attorney/Agent)				22,663	7
Signature	Dik	Paid 5 Date Fo				bruary 27, 2004	1

Name (Print/Type)	David T. Nikaido	Registration No. (Attorney/Agent) 22,663
Signature	1 mich Dike	Date	February 27, 2004



PTO/SB/17 (10-03)

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EEE TO A NOMITTAL		Complete if Known						
FEE TRANSMITTAL		Application Number			er	Not Yet Assigned		
for FY 2004		Filing Date				Concurrently Herewith		
		First Named Inventor			ntor ·	Mitsuo S	atake	
Effective 10/01/2003, Patent fees are subject to annual revision.	Examiner Name				Not Yet A	Assigned		
X Applicant claims small entity status. See 37 CFR 1.2	27 Art Unit				N/A			
TOTAL AMOUNT OF PAYMENT (\$) 385.00		Attorn	ey Do	cket No	э.	KSM-022	22	
METHOD OF PAYMENT (check all that apply)		-		FEE	CALCUI	ATION (co	ontinued)	
Check Credit Money Other None	3. A	DDITI	ONAL	FEES			<u> </u>	
X Deposit Account:								
Deposit Cooking	Large	Entity	Smal	I Entity				
Account 18-0013	Fee Code	Fee (\$)	Fee Code	Fee	-	Fee Desc	cription	
Deposit				(\$)				Fee Paid
Account Name Rader, Fishman & Grauer PLLC	1051	130	2051	65	_	- late filing fe		
The Director is authorized to: (check all that apply)	1052	50	2052	25		- late provisi	onal filing fee or cover	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-Englis	h specificatio	n	1. 150
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	The state of the state of the	filing a request for ex parte reexamination		
Charge (co/o) indicated balance	1804	920*	1804	920*	Requesting	publication of	of SIR prior to	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*		publication of	of SIR after	
FEE CALCULATION	1251	110	2251	55	Examiner a		n first month	
1. BASIC FILING FEE	1252	420	2252	210		ension for reply within first month ension for reply within second month		
Large Entity Small Entity	1253	950	2253	475		or reply within		
Fee Fee Fee Fee Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension f	for reply within	n fourth month	
1001 770 2001 385 Utility filing fee 385.00	1255	2,010	2255	1,005	Extension f	or reply within	n fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401		Notice of A			
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brie	ef in support o	of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for	r oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451			· ·	lic use proceeding	
SUBTOTAL (1) (\$) 385.00	1452 1453	110	2452	55		revive – unav		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2453 2501	665 665		revive - uninte		
Extra Fee from	1502	480	2502			fee (or reissi	Je)	
Total Claims 10 -20** = x = 0.00	1503	640	2503		Plant issue	51 45		100
Independent 1 3** = 000	1460	130	1460		1	the Commiss	rioner	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Claims Multiple Dependent =	1807	50	1807	50	19931	4 1		
	1806	180	1806			Processing fee under 37 CFR 1.17(q) Submission of Information Disclosure Stmt		
Large Entity Small Entity Fee Fee							ssignment per	
Code (\$) Code (\$) Fee Description	8021	40	8021	40	property (tir	nes number o	of properties)	
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	(37 CFR 1.	ımıssion atter 129(a))	final rejection	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810		For each ad	dditional inver		
1204 86 2204 43 ** Reissue independent claims	1801	770	2801		-		(b)) xamination (RCE)	
over original patent 1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802		Request for of a design	expedited ex	camination	
and over original patent	Other fe	ı e (spece)	ify)		or a design	аррисации		
SUBTOTAL (2) (\$) 0.00				ling Fee	Paid	SUBTO	ΓAL (3) (\$)	
**or number previously paid, if greater; For Reissues, see above					<u> </u>		(-) ((-)	
SUBMITTED BY						(Complete	(if applicable))	
	Registra (Attorne)		22	,663		Telephone	(202) 955-3750	
Signature January Callain							February 27, 20	04